

**Louisiana Office of Telecommunications Management
Web Scheduler Security Access Request (OTM-29)**

To: Susie Pace, OTM Video Network Services

From: _____

Office: _____

Date: _____

ADDITION

Name: _____

Phone: _____

Fax: _____

Email: _____

Access Type (Check One): ☐ Coordinator ☐ Requester all sites ☐ Read-only

If coordinator, list sites for coordinator access:

DELETION

Name: _____

CHANGE

Name (As Listed In Scheduler):

Change Requested:

Signed (TC): _____ Date Signed By TC: _____

For OTM Use Only

Authorized By: _____, OTM Video Network Services

Date Authorized: _____

**Save the completed form in Microsoft Word. Email a copy of the SAVED form to
susie.pace@la.gov
Or, you can fax the form to OTM at 225-342-7772.**